

## PSYCHIATRIC/BEHAVIORAL EMERGENCIES

### **ACTION/TREATMENT:**

- ABCs/monitor cardiac rhythm.
- IV access titrated to perfusion as needed.
- Attempt to determine if illness, injury or drug use is cause of behavior.
- Consider police evaluation/assistance for 5150 hold.
- Identify if patient's behavior is threat to self and/or others, if so consider transferring the patient in restraints if required for the safety of the patient or prehospital personnel.
- Restrain patient with minimum force needed using only soft (e.g. cloth, Kerlix) or hard leather restraints. If the patient is restrained:
  - Observe patient at all times if feasible, constantly monitoring airway and breathing. Monitor other vital signs as indicated and possible.
  - No compression of chest and neck.
  - Offer verbal reassurance.
  - Patient shall be restrained on their side or on their back. No patient may be restrained in the prone position or "hog-tied".
- Consider sedation with Midazolam.

**NOTE: See Altered Mental Status/Coma and Substance Overdose Guidelines.**

### **DOCUMENTATION:**

- Reason for restraints.
- Note patient status, vital signs (as above), at least every 5 minutes.
- Note neurovascular status distal to restraints, at least every 15 minutes.

Shaded text indicates BH order  
Unshaded text indicates standing order

Approved:

Treatment Guidelines:medical:m-25:01f  
Implementation Date:12/15/99